

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/24/03.

I. DISPUTE

Whether there should be additional reimbursement for 97530 and 97110 from 5/8/02 through 5/17/02 reduced "F" – per Medical Fee Guideline.

II. RATIONALE

There were two dates of services in dispute for 97110 – therapeutic procedures on 5/15/02 and 5/17/02. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The Commission requested the requestor submit medical documentation, as required per Rule 133.307(g)(3)(A-F) on 4/11/03. The requestor did not furnish SOAP notes to support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.

There were two dates of service in dispute for 97530 both reduced per "F" – the medical fee guideline. The requestor billed for two units at \$35.00 per unit and was reimbursed for only one per day by the carrier. There is no indication the requestor violated MFG, MGR, (I)(A)(10)(a-d) by exceeding either the time or number of units billed. Reimbursement of \$70.00 per the MFG is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97530 in the amount of **\$70.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$70.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of September, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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